



JICARILLA APACHE POLICE DEPARTMENT

NOTICE TO ALL APPLICANTS FOR THE JICARILLA APACHE POLICE DEPARTMENT

When filling out an application for JAPD, the following will apply:

1. You must complete the JAPD application for all advertised positions with the department. The nations application will not be accepted
2. You must fill in all applicable spaces on the applications and all information must be legible.
3. You must provide two working phone numbers, where you can be reached. If numbers provided are not working, it may result in application being returned.
4. Please include complete phone number, with area code for all current and former employers.
5. You must attach a copy of your **State Driver's License** and **High School Diploma/GED**.
6. You must include a completed "**Release of Information**" Form and submit to HR
7. You must complete the "**Criminal Records Release**" Form and submit to the Nation Courts.
8. Complete "**SAMBA**" Form and return to Human Resources Office.
9. **Must submit a blank money order in the amount of \$50.00 with your application. Meet with an HR Representative to complete the fingerprinting for the background check.**
10. **Must Complete a State Criminal History Repository (SCHR) Form with a Notarized Signature to include a \$15.00 Money Order and meet with HR Representative.**
11. **Must complete the Investigative Questionnaire for the Law Enforcement Position and submit it with the application.**
12. Provide copies of certifications that are related to Law Enforcement.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED AND WILL BE RETURNED TO THE APPLICANT.

Return the **COMPLETED** application to Human Resources Office



Jicarilla Apache Police Department

P.O. Box 890

Dulce, New Mexico 87528-0890

Ph.: (575) 759-3222 Fax: (575) 759-7418



EMPLOYMENT APPLICATION

For office use only

Date & Time Received:

Received by:

Position Applying for: _____ Date: _____

Type of Employment: Full Time: _____ Part Time: _____ Temporary: _____ Summer/Youth: _____

PERSONAL DATA

APPLICANTS NAME:

Last Name

First Name

Middle Initial

ADDRESS: (P.O. Box, Street, City, State, and Zip Code)

GENDER:

Male:

Female:

Social Security Number

Date of Birth

Home Phone:

Business Phone:

MARITAL STATUS:

Married

Single

Divorced

Spouses Name:

EMERGENCY CONTACT:

Name:

Contact Number:

TRIBAL AFFILIATION:

Name of Tribe:

Census No.:

PREVIOUS ADDRESS in the UNITED STATES:

REQUIREMENTS:

This position requires that you have no Felony convictions or Misdemeanor convictions within one year. Do you have any of the following?

Felony:

Yes _____

No _____

Misdemeanor:

Yes _____

No _____

Do you have a valid driver's license: Yes _____ No _____

Class: _____

Restrictions: _____

EDUCATION:

High School attended and location:	Highest Grade Completed	Year Graduated	Diploma
University/College attended and location:	No. of years	Year Graduated	Degree(s)
Major subjects of study:			
Other college attended and location:	No. of years	Year Graduated	Degree (s)
Major subjects of study:			

ADDITIONAL EDUCATIONAL TRAINING COURSES:

(List pertinent training courses completed and any other training which may be helpful in considering your application.)

Are you skilled in the following and to what extent?

Typing: Yes No	Words per minute:	Computers: Yes No	Programs:
------------------------	-------------------	---------------------------	-----------

EMPLOYMENT HISTORY: (List present or most recent positions first)

1. Name of Employer:		Type of Business:	
Address: (Street, City, State, and Zip Code)			
Department:	Job Title:	Starting Salary:	Ending Salary:
Duties/Responsibilities:			
Immediate Supervisor:	Contact No.:	Date of Hire:	Date Ending:
Reason for leaving:			

2. Name of Employer:		Type of Business:	
Address: (Street, City, State, and Zip Code)			
Department:	Job Title:	Starting Salary:	Ending Salary:
Duties/Responsibilities:			
Immediate Supervisor:	Contact No.:	Date of Hire:	Date Ending:
Reason for leaving:			

(cont.)

3. Name of Employer:		Type of Business:	
Address: (Street, City, State, and Zip Code)			
Department:	Job Title:	Starting Salary:	Ending Salary:
Duties/Responsibilities:			
Immediate Supervisor:	Contact No.:	Date of Hire:	Date Ending:
Reason for leaving:			

REFERENCES: (Other than relatives or former employers)

Name:	Occupation:	Contact No.

I hereby authorize the Jicarilla Law & Order Department to seek, and also authorize and request each reference and each former employer named above to release any information about me that may be sought in connection with the submission of this employment application.

SPECIAL SKILLS/TALENTS:

MEDICAL EXAMINATION: Do you agree to take a medical examination related to the essential requirements of the position you are applying for?

Yes _____ No _____

Thank you for your interest in seeking employment with us. Please feel free to make any additional remarks in the space provided below or attach any additional information that would be helpful in evaluating your qualifications.

PLEASE READ CAREFULLY:

I hereby certify that to the best of my knowledge and belief the answers given by me to the foregoing questions and all statements made by me in this application are true and correct.

If employed, I agree that all material created and produced whether in written, graphic or broadcast form, or changes in processes developed during my employment are the exclusive property of the Jicarilla Apache Nation to use and/or sell and that subsequent to my employment with the Nation I will not disclose, use or reveal any confidential information related to the Nation without first obtaining written consent from the Jicarilla Nation.

Applicants signature

Date

The Jicarilla Apache Nation is an equal opportunity employer. Applicants are considered without regard to gender, race, color, national origin, or religion.



JICARILLA APACHE NATION

SAMBA Safety Driver(s) License Check – Pre-Employment

Received By: _____
Date Received: _____
Time Received: _____

PERSONAL INFORMATION:

Name:		DOB:	
Address:		SSN:	
City:	State:	Zip Code:	
Tribal Affiliation:		Census#:	

STATISTICS:

Eye Color:	Hair Color:	Height:	Weight:
------------	-------------	---------	---------

STATE DRIVERS LICENSE INFORMATION:

License Number:	State:	Exp. Date:
-----------------	--------	------------

POSITION APPLYING FOR:

Department:	Position:
-------------	-----------

The holder of this card applied for employment with the Jicarilla Apache Nation and is subject to a driver(s) license check through SAMBA to operate a vehicle owned by the Jicarilla Apache Nation and other specified equipment. The Jicarilla Apache Nation will utilize the above information and verify and monitor employee's driving record through the SAMBA Safety Driver(s) Fleet Watch Check Program.

Operator's Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Driver's License is:	Valid:	Suspended:	Revoked:
Copy of Driver's License Provided:		Yes:	No:
Comments:			

Processed By: _____ Date: _____

Adjudicating Officer, JANHR



**Jicarilla Apache Nation – Human Resources
Authorization for Release of Driving Record
Pre-Employment**

NAME: _____ **DATE:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP CODE:** _____

POSITION APPLYING FOR: _____

DEPARTMENT: _____

CONTACT NUMBER: _____

As an applicant/employee of the Jicarilla Apache Nation, I hereby authorize the Nation's Human Resources to obtain my driving record from the appropriate state motor vehicle department to assess my insurability under the Jicarilla Apache Nation's Insurance Policy and Allow for operation of a Nation Vehicle.

A copy of a valid driver's license must be provided.

Signature Date

Human Resources Representative Date

DEPARTMENT OF PUBLIC SAFETY / P.O. BOX 1628 / SANTA FE, NM 87504-1628
ATTN: RECORDS \$15.00 PER RECORD CHECK

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____
NAME (MUST BE PRINTED-LEGIBLY) (SSN#) (DOB)

Alias' Name: _____ SSN: _____ DOB: _____

Name: _____ SSN: _____ DOB: _____

Jicarilla Apache Nation Human Resources

NAME OF AGENCY OR PERSON RECEIVING ARREST RECORD

ADDRESS: P.O. Box 920 Dulce, NM 87528

AS AN AUTHORIZED AGENT FOR ME FOR THE PURPOSE OF INSPECTING (AND /OR OBTAINING COPIES OF) ANY NEW MEXICO ARREST FINGERPRINT CARD SUPPORTED ARREST RECORD INFORMATION MAINTAINED BY THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING INFORMATION CONCERNING FELONY OR MISDEMEANOR ARRESTS AND INFORMATION OBTAINED FROM RELEVANT FINGERPRINT DATABASES.

TO THE CUSTODIAN OF THE RECORDS IN QUESTION, I HEREBY DIRECT YOU TO RELEASE SUCH INFORMATION TO THE AUTHORIZED AGENT AS DESCRIBED ABOVE.

I HEREBY RELEASE THE CUSTODIAN OR CUSTODIANS OF SUCH RECORDS AND THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING ANY OF THEIR AGENTS, EMPLOYEES, OR REPRESENTATIVES IN ANY CAPACITY, FROM ANY AND ALL CLAIMS OF LIABILITY OR DAMAGE OF WHATEVER KIND OR NATURE, WHICH AT ANY TIME COULD RESULT TO ME, MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE BECAUSE OF COMPLIANCE BY SAID CUSTODIAN OR CUSTODIANS WITH THIS "AUTHORIZATION FOR RELEASE OF INFORMATION" AND MY REQUEST CONTAINED HEREIN FOR THIS RELEASE OR BECAUSE OF ANY USE OF THESE RECORDS. THIS RELEASE IS BINDING, NOW AND IN THE FUTURE AND IS VALID FOR A PERIOD OF UP TO 120 DAYS FROM THE DATE SIGNED, ON MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE.

APPLICANT SIGNATURE: _____

DATE: _____

SIGNED AND SWORN TO BEFORE ME ON THIS _____ Day Of _____ 20____

State of _____ County of _____

(SEAL)

(SIGNATURE OF NOTARY PUBLIC)

MY COMMISSION EXPIRES: _____

For Department of Public Safety Use Only

The attached 'Authorization for Release of Information' form **must be completed, signed and dated in the presence of a Notary.**

The notary's signature date must correspond with the subject's signature date. If dates differ, subject will be asked to complete another form.

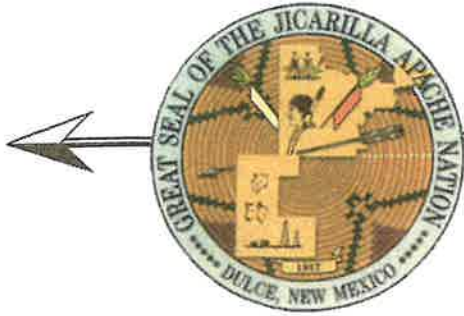
Ensure all required fields on the form is complete, otherwise, this could result in a return of the form from the state repository.

The subject's printed first, middle, and last name is required. Middle initial is acceptable. Additionally, any aliases should also be listed if any.

Must submit a Blank Money Order in the amount of \$15.00.

The Indian Child Protection and Family Violence Prevention Act prescribes that all individuals hired to work with Indian children undergo an investigation of their character. The character investigation includes a State Criminal History Repository (SCHR) checks for all states of residence (All subjects of investigation).

25 CFR 63.12: Minimum standards of character are established by an employer and refer to identifiable character traits and past conduct. An employer may use character traits and past conduct to determine whether an applicant, volunteer, or employee can effectively perform the duties of a particular position without risk of harm to others. Minimum standards of character ensure that no applicant, volunteer, or employee will be placed in a position with regular contact with or control over Indian children if he/she has been found guilty of or entered a plea of nolo contendere or guilty to any offense under Federal, State, or Tribal law involving crime so violence, sexual assault, sexual molestation, sexual exploitation, sexual contact or prostitution, or crimes against persons.



THE JICARILLA APACHE NATION

Human Resources Department

Jicarilla Apache Reservation
February 11, 1887-1987

NOTICE

To: Potential Applicant
From: Human Resources
Date: August 17, 2011
Subject: Criminal Background Check

On May 26, 2009, The Legislative Council approved an Ordinance approving policies and procedures to include background investigations for child care positions. This was necessary to become in compliance with P.L. 101-630, the Indian Child Protection and Family Violence Prevention Act, and P.L. 101-647, Crime Control Act of 1990, Subchapter IV - Child Abuse Reporting.

The Ordinance involves only those employees, volunteers, contractors and consultants with regular contact with or control over Indian children. Departments that have regular contact with children have been identified as having priority for background investigations.

The Human Resources Department must inform the individual applying for a sensitive position that a background investigation, including a criminal record check, is a condition of employment and must require the individual to consent in writing to a background investigation.

The results of a background investigation shall not be used for any purpose other than to determine eligibility for employment in a sensitive position.

Should the applicant choose not to submit the required documents to the Nations Court for an identified sensitive position, he/she may not be considered.



JICARILLA APACHE NATION

Jicarilla Apache Reservation
February 11, 1887-1987

Authorization for Release of Information

I authorize any investigation or other duly accredited representative of the agency conducting my background investigation to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, or other sources of information. This information may include, but is not limited to my academic history and criminal history record information.

I further authorize any investigation or other duly accredited representative of the Jicarilla Apache Nation who is conducting my background investigation to request criminal record information about me from criminal justice agencies for the Jicarilla Apache Nation. I understand that I may request a copy of such records as may be available to me under the law.

I authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigation or other duly accredited representative authorized above regardless of any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for official use by the Jicarilla Apache Nation and only for the purpose of determining by suitability for employment with the Jicarilla Apache Nation, whichever is sooner.

(Complete with Black ink pen)

Print Name:	Signature:
	Date:
Other Name(s) used:	Social Security Number:
	- -
Current Address: <i>(PO Box/Physical, City/State)</i>	Primary Working Contact Number:
Position(s): <i>(applying for/background required)</i>	Secondary Working Contact Number:

DO NO WRITE BELOW THIS LINE - OFFICIAL USE ONLY

Human Resources stamp received here:

HR Staff Initials:

PLEASE NOTE: After completion of this form, it is to remain with the Human Resources Office. Thank you

COURTS OF THE JICARILLA APACHE NATION
DULCE, NEW MEXICO

CRIMINAL RECORDS RELEASE

I, _____ PETITION THE COURTS OF THE JICARILLA APACHE
NATION TO RELEASE MY CRIMINAL RECORDS FOR THE FOLLOWING REASON(S) AND
TO WHICH DEPARTMENT: _____

- ☐ Human Resources
☐ Gaming Commission
☐ Jicarilla Apache Police Department Human Resources
☐ Other: _____

CRIMINAL BACKGROUND CHECK INFORMATION

First Name: _____ Middle: _____ Last Name: _____
Maiden Name: _____ Other Names Used: _____
Height: _____ Weight: _____ Eyes: _____ Hair: _____
Address: _____ Street Address: _____
City: _____ State: _____ Zip Code: _____
Date of Birth: _____ Social Security #: _____
Driver's License #: _____ State: _____ Expires: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Tribal Affiliation: _____ Census #: _____

**THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF
MY KNOWLEDGE UNDER PENALTY OF PERJURY.**

SIGNATURE (MANDATORY)

SIGNED AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____
20____.

Clerk of the Courts or Court Bailiff

Judges Comments: _____

Approved () Denied ()

JUDGE

Questionnaire/Application for a Child Care Position

Notice to Applicant: The Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), requires that employment applications for child care positions have applicants sign a receipt of notice that a criminal record check will be conducted as a condition of employment.

1. Full Name				2. Date of Birth		
Last Name	First Name	Middle Name	Jr., II, etc.	Month 00	Day 00	Year 0000
3. Other Names Used – Maiden name, from a former marriage, alias(s), or nickname(s).				4. Mother's Maiden Name		
Name						
5. Social Security Number				6. Driver's License Number		
7. Your Telephone No.		8. Place of Birth				
()		City	County		State	
9. Residence – List where you have lived, beginning with the most recent and working back 5 years. All periods in the last 5 years must be accounted for in your list.						
Month/Year	Month/Year	Street Address	City	State	Zip code	
1)	To Present					
Month/Year	Month/Year	Street Address	City	State	Zip code	
2)	To					
Month/Year	Month/Year	Street Address	City	State	Zip code	
3)	To					
Month/Year	Month/Year	Street Address	City	State	Zip code	
4)	To					
10. Residence on an Indian Reservation – List any Indian Reservation, Village, or Community in which you have lived or worked in the last 5 years.						
11. Education – List the schools you have attended, beginning with the most recent and working back 5 years. Use item 23, if more space is needed.						
Month/Year	Month/Year	Name of School	Degree/Diploma/Other		Month/Year Awarded	
	To					
Street Address and City of School				State	Zip Code	
12. Employment - List your employment activities, beginning with the present and working back 5 years. The 5 year period must be accounted for without breaks. For periods of unemployment, list dates and "unemployed" or "attending school."						
Month/Year	Month/Year	Employer Name	Position Title			
1)	To Present					
Employer Street Address			City	State	Zip Code	
Supervisor's Name		Telephone number	Other Employer Reference		Telephone Number	
		()			()	
Reason you left						

Application continuation				
Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
Employment Continued –				
Month/Year	Month/Year	Employer Name		Position Title
2)	To			
Employer Street Address		City	State	Zip Code
Supervisor's Name		Telephone number ()	Other Employer Reference	Telephone Number ()
Reason you left				

Month/Year	Month/Year	Employer Name		Position Title
3)	To			
Employer Street Address		City	State	Zip Code
Supervisor's Name		Telephone number ()	Other Employer Reference	Telephone Number ()
Reason you left				

Month/Year	Month/Year	Employer Name		Position Title
4)	To			
Employer Street Address		City	State	Zip Code
Supervisor's Name		Telephone number ()	Other Employer Reference	Telephone Number ()
Reason you left				

Month/Year	Month/Year	Employer Name		Position Title
5)	To			
Employer Street Address		City	State	Zip Code
Supervisor's Name		Telephone number ()	Other Employer Reference	Telephone Number ()
Reason you left				

Application continuation				
Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
13. Personal References – List 3 people who know you well. They should be good friends, peers, roommates, etc., and who have known you for at least the last 5 years. Try not to list relatives or anyone who is listed elsewhere else on this application.				
1) Name	Dates Known Month/Year Month/Year To		Telephone Number ☐ Day ☐ Night ()	
Home or Work Address	City		State	Zip Code
2) Name	Dates Known Month/Year Month/Year To		Telephone Number ☐ Day ☐ Night ()	
Home or Work Address	City		State	Zip Code
3) Name	Dates Known Month/Year Month/Year To		Telephone Number ☐ Day ☐ Night ()	
Home or Work Address	City		State	Zip Code
Background Information – For all questions, provide all additional required information in the space provided or on a separate sheet. Ensure full name and social security number is on any attachments to this application.				
14. Have you ever been arrested for, charged with, or convicted of, been imprisoned, been on probation, or been on parole for any offense(s)? Include all offenses where you have been found guilty, pled guilty or nolo contendere (no contest). (Leave out traffic fines of less than \$150.00.) You must answer "Yes" even if the matter was later dismissed, deferred, vacated or expunged.			YES ☐	NO ☐
If "YES", use item 23 to provide the date , explanation of violation, final disposition, place of occurrence, and the name and address of the police department or court involved.				
15. Have you been convicted by a military court-martial?			YES ☐	NO ☐
If "YES", use item 23 to provide the date , explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.				
16. Are you now under charges or awaiting trial for any violation of law?			YES ☐	NO ☐
If "YES", use item 23 to provide the date , explanation of violation, place of occurrence, and the name and address of the police department or court involved.				
17 Have you ever been fired from any job for any reason, did you quit after being told that you would be fired, have you resigned at the request of your employer or while employment charges or an investigation into your conduct was pending, or did you leave any job by mutual agreement because of specific problems?			YES ☐	NO ☐
If "YES", use item 23 to provide the date , an explanation of the problem, reason for leaving, and the employer's name and address.				
18. Have you ever been arrested for or charged with a crime involving a child, a sex crime or a drug felony? You must answer "Yes" even if the matter was later dismissed, deferred, vacated or expunged.			YES ☐	NO ☐
REQUIRED BY PL 101-647				
If "YES", use item 23 to provide the date , explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.				

Application continuation					
Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number	
19. Have you ever had a license or certificate of any kind revoked or suspended, have you been sanctioned, penalized or investigated by any licensing, certifying, or regulating agency, or is any charge, investigation, disciplinary action or complaint now pending against you by virtue of any license or certificate?				YES ☐	NO ☐
If "YES", use item 23 to provide the name, address and telephone number of the licensing, certifying or regulating agency, a statement of the accusations against you, the date of any proceedings, and the final disposition of the matter(s).					
20. Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felony or misdemeanor offenses under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or offenses committed against children? REQUIRED BY PL 101-630				YES ☐	NO ☐
If "YES," use item 23 to provide the date , explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.					
21. In the last 5 years have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or illegally used prescription drugs?				YES ☐	NO ☐
If "YES", use Item 23 below to provide the date(s) of use, identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used. Include any treatment or counseling received.					
22. In the last 5 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another?				YES ☐	NO ☐
If "YES", use Item 23 below to provide information relating to the type of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs.					
23. Use this space to provide explanations to any questions you may have answered, "YES" on this questionnaire.					

Certification that My Answers are True
My statements on this application, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a false, incomplete or fraudulent answer to any question or item on any part of this application or its attachments may be grounds for not hiring me, or firing me after I begin work, and may be punishable by fine or imprisonment. Applicant's initials Date I certify that my responses to the above questions are made under penalty of perjury, which is punishable by fine or imprisonment, and that I have received notice that a criminal history records check will be conducted and is a condition of employment. I understand my right to obtain a summary of any criminal history report made available to the [insert tribe or tribal program name] and my rights to challenge the accuracy and completeness of any information contained in the report.
Applicant's Signature Printed Name Date

Investigative Questionnaire for Law Enforcement Position

Notice to Applicant: The Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), requires that employment applications for law enforcement positions have a national criminal and financial record check and will be conducted as a condition of employment.

1. Full Name				2. Date of Birth		
Last Name	First Name	Middle Name	Jr., II, etc.	Month 00	Day 00	Year 0000
3. Other Names Used – Maiden name, from a former marriage, alias(s), or nickname(s).			4. Driver's License No.		5. Social Security Number	
Name			No.: State:			
6. Your Telephone No.				7. Place of Birth		
Home () () ()		Cell () () ()		City	County	State
8. Other Identifying Information						
Height (feet and inches)	Weight (pounds)	Hair Color	Eye Color	Sex (Mark one box) Female ☐ Male ☐		
9. Citizenship						
☐ I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession ☐ I am a U.S. citizen, and I have dual citizenship with another country. If you have checked this box, provide the name of that country in the space provided below. ☐ I am a U.S. citizen, but I was NOT born in the U.S. If you have checked this box, provide information about your proof of citizenship in the space provided below. ☐ I am not a U.S. citizen. If you have checked this box, provide when you entered the U.S., your Alien Registration Number, and Country of Citizenship.						
Use this space to provide citizenship information.						
10. Residence – List where you have lived, beginning with the most recent and working back 10 years. All periods in the last 10 years must be accounted for in your list.						
Month/Year	Month/Year	Street Address	City	State	Zip code	
1)	To Present					
Month/Year	Month/Year	Street Address	City	State	Zip code	
2)	To					
Month/Year	Month/Year	Street Address	City	State	Zip code	
3)	To					
Month/Year	Month/Year	Street Address	City	State	Zip code	
5)	To					
Month/Year	Month/Year	Street Address	City	State	Zip code	
6)	To					
11. Residence/Employment on an Indian Reservation – List any Indian Reservation, Village, Community, Rancheria or Pueblo in which you have lived or worked in the last 10 years.						

Full Name				Date of Birth		
Last Name	First Name	Middle Name	Jr., II, etc.	Month 00	Day 00	Year 0000

12. Education – List the schools you have attended beyond high school, beginning with the most recent and working back 10 years. You MUST list College or University degrees and the dates they were received.

Month/Year	Month/Year	Name of School	Choose one: ☐ Degree ☐ Diploma	☐ Attendance Only ☐ Other	If degree received, Month/Year Awarded
1)	To				
Street Address and City of School				State	Zip Code
Month/Year	Month/Year	Name of School	Choose one: ☐ Degree ☐ Diploma	☐ Attendance Only ☐ Other	If degree received, Month/Year Awarded
2)	To				
Street Address and City of School				State	Zip Code

13. Employment History - List your employment activities, beginning with the present and working back 10 years. The 10 year period must be accounted for without breaks. For periods of unemployment, list dates and "unemployed" or "attending school."

Month/Year	Month/Year	Employer Name	Position Title
1)	To		
Employer Street Address		City	State Zip Code
Supervisor's Name	Telephone number ()	Other Employer Reference	Telephone Number ()
For this employment, in the last ten (10) years have you/did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy? ☐ No ☐ Yes			
If Yes, Provide the reason(s) for being warned, reprimanded, suspended or disciplined.			Date: (Month/Year)
If no longer employed, specific reason you left:			

Month/Year	Month/Year	Employer Name	Position Title
2)	To		
Employer Street Address		City	State Zip Code
Supervisor's Name	Telephone number ()	Other Employer Reference	Telephone Number ()
For this employment, in the last ten (10) years have you/did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy? ☐ No ☐ Yes			
If Yes, Provide the reason(s) for being warned, reprimanded, suspended or disciplined.			Date: (Month/Year)
Reason you left			

Application continuation

Last Name		First Name		Middle Initial	Jr., II, etc.	Social Security Number	
Month/Year	Month/Year	Employer Name				Position Title	
3) To							
Employer Street Address				City		State	Zip Code
Supervisor's Name		Telephone number	Other Employer Reference			Telephone Number	
		()				()	
For this employment, in the last ten (10) years have you/did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy? ☐ No ☐ Yes							
If Yes, Provide the reason(s) for being warned, reprimanded, suspended or disciplined.						Date: (Month/Year)	
Reason you left							

Month/Year	Month/Year	Employer Name				Position Title	
4) To							
Employer Street Address				City		State	Zip Code
Supervisor's Name		Telephone number	Other Employer Reference			Telephone Number	
		()				()	
For this employment, in the last ten (10) years have you/did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy? ☐ No ☐ Yes							
If Yes, Provide the reason(s) for being warned, reprimanded, suspended or disciplined.						Date: (Month/Year)	
Reason you left							

Month/Year	Month/Year	Employer Name				Position Title	
5) To							
Employer Street Address				City		State	Zip Code
Supervisor's Name		Telephone number	Other Employer Reference			Telephone Number	
		()				()	
For this employment, in the last ten (10) years have you/did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy? ☐ No ☐ Yes							
If Yes, Provide the reason(s) for being warned, reprimanded, suspended or disciplined.						Date: (Month/Year)	
Reason you left							

Application continuation

Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
-----------	------------	----------------	---------------	------------------------

Employment Record

14. In the last 10 years, have you been: Fired from any job for any reason? Did you quit after being told that you would be fired? Did you leave any job by mutual agreement because of allegations of misconduct?	YES ☐	NO ☐
--	---------------------------------	--------------------------------

If you answered "Yes", begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested below.

Month/Year	Month/Year	Specify Reason	Employer's Name and Address
1)	To		
Month/Year	Month/Year	Specify Reason	Employer's Name and Address
2)	To		

15. Personal References – List 3 people who know you well. They should be good friends, peers, roommates, etc., and who have known you for at least the last 10 years. Do **not** list relatives or anyone who is listed elsewhere else on this form.

1) Name	Dates Known Month/Year Month/Year To	Telephone Number ☐ Day ☐ Night ()
Home or Work Address	City	State Zip Code
2) Name	Dates Known Month/Year Month/Year To	Telephone Number ☐ Day ☐ Night ()
Home or Work Address	City	State Zip Code
3) Name	Dates Known Month/Year Month/Year To	Telephone Number ☐ Day ☐ Night ()
Home or Work Address	City	State Zip Code

16. Your Spouse

Mark one box to show your current marital status and provide information about your spouse(s) in items a and/or b below.

- ☐ Never married ☐ Separated ☐ Divorced
☐ Married ☐ Legally Separated ☐ Widowed

A Current Spouse – Complete the following about your current spouse only.

Full Name	Date of Birth	Place of Birth	Social Security No.
Other Names Used (Specify maiden names, names by other marriages, etc., and show dates used for each name)			Country of Citizenship
Date Married	Place Married		State
If Separated, Date of Separation	If Legally Separated, Where is the Record Located? City		State

Application continuation				
Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
B Former Spouse(s) – Complete the following about your former spouse(s). Use blank sheets if needed.				
Full Name		Date of Birth		Place of Birth
Country of Citizenship		Date Married		Place Married
Check one, then give date ☐ Divorced ☐ Widowed		Month/Year	If Divorced, where is the Record Located? City	
			State	
17. Citizenship of Your Relatives and Associates				
A If your mother, father, sibling, child, spouse or person with whom you have a spouse-like relationship is a U.S. citizen by OTHER than birth, or if they are an alien residing in the U.S., provide nature of the individual's association to you (ie., spouse, mother, etc.), and the individual's name and date of birth below.				
1) Association		Name		Date of Birth
2) Association		Name		Date of Birth
B Provide the individual's naturalization certificate information or alien registration number below.				
1) Certificate/Registration No.:				
2) Certificate/Registration No.:				

Military History									
18. Have you served in the United States military?								YES ☐	NO ☐
19. Have you <u>ever</u> received other than an honorable discharge from the military? If "Yes", provide the date of discharge and type of discharge below.								YES ☐	NO ☐
Month/Year		Type of Discharge							
20. List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service and work backward. If you had a break in service, each separate period should be listed.									
• Available Codes: 1 – Air Force 2- Army 3-Navy 4-Marine Corps 5-Coast Guard 6-Merchant Marine 7-National Guard • Mark appropriate block for either Officer or Enlisted. • Status-Mark the appropriate block for the status of your service during the time that you served.									
Month/Year	Month/Year	Code	Officer	Enlisted	Status			National Guard (state)	Country
					Active	Active Reserve	Inactive Reserve		
1)	To								
Selective Service Record									
21. Are you a male born after December 31, 1959?								YES ☐	NO ☐
If you answered "Yes" to the question above, have you registered with the Selective Service System? If "Yes", provide your registration number. If "No", provide the reason for your legal exemption.								YES ☐	NO ☐
Registration Number		Legal Exemption Explanation							

Application continuation

Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
-----------	------------	----------------	---------------	------------------------

Medical Record

22. In the last 10 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition?				YES ☐	NO ☐
If you answered "Yes", provide the dates of treatment and the name and address of the therapist or doctor below, UNLESS the consultations(s) involved ONLY marital, family or grief counseling, not related to violence by you.					
Month/Year	Month/Year	Name/Address of Therapist or Doctor		State	Zip code
1)	To				
Month/Year	Month/Year	Name/Address of Therapist or Doctor		State	Zip Code
2)	To				

Your Foreign Activities

23. Do you have any foreign property, business connections, or financial interests?				YES ☐	NO ☐		
24. Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?				YES ☐	NO ☐		
25. Have you ever had a contract with a foreign government, its establishments (embassies or consultants), or its representatives, whether inside or outside the U.S., other than on official US. Government business? (Does not include routine visa applications and border crossing contacts).				YES ☐	NO ☐		
26. In the last 10 years, have you had an active passport that was issued by a foreign government?				YES ☐	NO ☐		
If you answered "Yes", to any of the questions in this section, explain in the space below the dates, names of firms and/or governments involved, and an explanation of your involvement.							
Month/Year	Month/Year	Firm and/or Government	Explanation				
1)	To						
Month/Year	Month/Year	Firm and/or Government	Explanation				
2)	To						
27. Foreign Countries You Have Visited- List foreign countries you have visited, except on travel under official Government orders, beginning with the most current and working back 10 years.							
- Available Codes: 1 – Business 2-Pleasure 3-Education 4-Other - Include short trips to Canada and Mexico. If you have lived near a border and have many short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many short trips")							
Month/Year	Month/Year	Code	Country	Month/Year	Month/Year	Code	Country
1)	To			3)	To		
Month/Year	Month/Year	Code	Country	Month/Year	Month/Year	Code	Country
2)	To			4)	To		

Application continuation				
Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number

Association Record		
28. Have you ever been an officer or a member or made a contribution to an organization dedicated to the violent overthrow of the U.S. Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities?	YES ☐	NO ☐
29. Have you ever knowingly engaged in any acts or activities designed to overthrow the U.S. Government by force?	YES ☐	NO ☐
If you answered "Yes", explain your answer in the space below.		

Police Record-For this section, report information regardless of whether you believe the record in your case has been "sealed" or otherwise stricken from the court record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.		
30. Have you ever been charged with or convicted of any felony offense?	YES ☐	NO ☐
31. Have you ever been charged with or convicted of a firearms or explosives offense?	YES ☐	NO ☐
32. Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs?	YES ☐	NO ☐
33. In the last 10 years, have you been convicted by a military court-martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.)	YES ☐	NO ☐
34. Have you ever been arrested for or charged with a crime involving a child?	YES ☐	NO ☐
35. Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious offense, or any of two or more misdemeanor offenses under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or offenses committed against children?	YES ☐	NO ☐
36. In the last 10 years, have you been arrested for, charged with, or convicted of, been imprisoned, been on probation, or been on parole for any offense(s) not listed in the responses above? Include all offenses where you have been found guilty, pled guilty or nolo contendere (no contest). (Include traffic fines and accidents where you were the driver.)	YES ☐	NO ☐
37. Have you ever been a subject of a restraining order or an order of protection?	YES ☐	NO ☐

Application continuation

Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
-----------	------------	----------------	---------------	------------------------

38. Have you ever been a subject of a grand jury investigation?	YES ☐	NO ☐
39. Are you now under charges for any violation of law or are there currently any charges pending against you for any criminal offense?	YES ☐	NO ☐
40. Have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement officer?	YES ☐	NO ☐

If you have answered "Yes", for any of the above questions in this section, explain your answer(s) below.

Question #	Month/Year	Offense	Action Taken	Arresting Law Enforcement /Military Agency	State

Illegal Drugs and Drug Activity-You are required to answer the questions fully and truthfully, and your failure to do so could be ground for an adverse employment decision or action against you, but neither your truthful responses nor information derived from you responses will be used as evidence against you in any subsequent criminal proceeding.

41. Since the age of 16 or in the last 10 years, whichever is shorter, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or illegally used prescription drugs?	YES ☐	NO ☐
42. Have you ever illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting the public safety?	YES ☐	NO ☐
43. In the last 10 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another?	YES ☐	NO ☐

If you answered "Yes", provide the date(s) and explanation of your use below.

Question #	Month/Year	Month/Year	Controlled Substance/Prescription Drug Used	Number of Times Used
	1)	To		
Question #	Month/Year	Month/Year	Controlled Substance/Prescription Drug Used	Number of Times Used
	2)	To		

Use of Alcohol

44. In the last 10 years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?	YES ☐	NO ☐
---	---------------------------------	--------------------------------

If you answered "Yes", provide the date(s) of treatment/counseling and additional information below.

Month/Year	Month/Year	Name/Address of Counselor or Doctor	State	Zip code
1)	To			
Month/Year	Month/Year	Name/Address of Counselor or Doctor	State	Zip code
2)	To			

Application continuation

Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
-----------	------------	----------------	---------------	------------------------

Public Record Civil Court Actions

45. In the last 10 years, have you been a party to any public record civil court actions not listed elsewhere on this form?

YES	NO
☐	☐

If you answered "Yes", for any of the above questions in this section, provide the information requested below.

Incurring Month/Year	Nature of Action	Result of Action	Name of Parties Involved	Court

Financial Records

46. In the last 10 years, have you, or a company over which you exercised some control, filed under any chapter of the bankruptcy code or been declared Bankrupt?

YES	NO
☐	☐

47. In the last 10 years, have you had your wages garnished or had any property repossessed for any reason?

YES	NO
☐	☐

48. In the last 10 years, have you had a lien placed against your property for failing to pay taxes or other debts?

YES	NO
☐	☐

49. In the last 10 years, have you had any judgments against you that have not been paid?

YES	NO
☐	☐

50. In the last 10 years, have you defaulted on any type of loan?

YES	NO
☐	☐

51. In the last 10 years, have you had bills or debts turned over to a collection agency?

YES	NO
☐	☐

52. Have you EVER experienced financial problems due to gambling?

YES	NO
☐	☐

53. Have you ever been under investigation for embezzlement?

YES	NO
☐	☐

If you answered "Yes", for any of the above questions in this section, provide the information requested below.

Question #	Month/Year	Type of Action	Amount	Name Action Occurred Under	Name/Address of Creditor or Obligor and/or Name of Court or Agency Handling Case

Application continuation

Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
-----------	------------	----------------	---------------	------------------------

Use of Information Technology Systems

54. In the last 10 years, have you illegally or without proper authorization entered into information technology system?	YES ☐	NO ☐
55. In the last 10 years, have you illegally or without proper authorization modified, destroyed, manipulated or denied others access to information residing an information technology system?	YES ☐	NO ☐
56. In the last 10 years, have you introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rule, procedures, guidelines or regulations?	YES ☐	NO ☐

If you answered "Yes", for any of the above questions in this section, provide the information requested below.

Question #	Nature of Incident/Offense	Location of Incident	Action Taken

Use this space or a separate sheet to provide additional explanations or information to any questions you may have answered, "Yes" on this form. Ensure full name and social security number is on any attachments to this form.

Application continuation				
Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number

Certification that my Answers are True		
My statements on this application, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this application or its attachments may be grounds for not hiring me, or firing me after I begin work, and may be punishable by fine or imprisonment.		
Applicant's initials		Date
I certify that my responses to the above questions are made under penalty of perjury, which is punishable by fine or imprisonment, and that I have received notice that a national criminal history records check will be conducted and is a condition of employment. I understand my right to obtain a copy of any national criminal history report made available to the Jicarilla Apache Nation Human Resources Department and my rights to challenge the accuracy and completeness of any information contained in the report.		
Applicant's Signature	Printed Name	Date

Application continuation

Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
-----------	------------	----------------	---------------	------------------------

Release to Obtain a Credit Report

Fair Credit Reporting Act of 1970, as amended

One or more consumer credit reports may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, as amended, 15 U.S.C. § 1681, *et seq.* Should a decision to take any adverse action against you be made based either in whole or in part on the consumer credit report, the consumer reporting agency that provided the report played no role in the Jicarilla Apache Nation Human Resources Department decision to take such adverse action.

Information provided by you on the form will be furnished to the consumer reporting agency in order to obtain information in connection with an investigation to determine your (1) fitness for employment, (2) clearance to perform contractual services, and/or (3) security clearance or access. The information obtained may be re-disclosed to other agencies for the above purposes and in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Your Social Security number is needed to keep records accurate, because other people may have the same name.

I hereby authorize the Jicarilla Apache Nation Human Resources Department to obtain such report(s) from any consumer/credit reporting agency for employment purposes.

Applicant's Signature

Printed Name

Date

Authorization for Release of Information

I authorize any investigator, or other duly accredited representative of the agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and national criminal history record information.

I further authorize any investigator, or other duly accredited representative of the Jicarilla Apache Nation Human Resources Department, who is conducting my background investigation, to request national criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a position working with children. I understand that I may request a copy of such records as may be available to me under the law.

I authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, or other duly accredited representative authorized above regardless of any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for official use by the Jicarilla Apache Nation Human Resources Department only for the purpose of determining my suitability for employment with the Jicarilla Apache Nation.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Jicarilla Apache Nation, whichever is sooner.

Signature (sign in black ink)	Printed Name			Date Signed
Position for Which you are being Investigated			Primary Contact Number	
Current Address	State	Zip Code	Secondary Contact Number ()	

[Note: Only required if a Medical Record is disclosed on the Investigative Questionnaire.]

Authorization for Release of Medical Information

This is a release for the investigator to ask you health practitioner(s) the three questions below concerning your mental health consultations. Our signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position with the Jicarilla Apache Nation which may require access to classified national security information. As part of the clearance process, I hereby authorize the investigator, special agent, or duly accredited representative of the Jicarilla Apache Nation Human Resources Department conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgment or reliability, particularly in the context of safeguarding classified national security information?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand that the information released pursuant to this release is for official use by the Jicarilla Apache Nation Human Resources Department only for the purpose of determining my suitability for employment in a law enforcement position with the Jicarilla Apache Nation Police Department.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for one (1) year from the date signed or upon the termination of my affiliation with the Jicarilla Apache Nation Police Department, whichever is sooner.

Signature (sign in black ink)	Printed Name		Date Signed
Position for Which you are being Investigated		Primary Contact Number	
Current Address	State	Zip Code	Secondary Contact Number ()